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Newark, New Jersey 07101

FILED

NOV 9 2006

BOARD OF PHARMACY

By: Marianne W. Greenwald  
Deputy Attorney General  
Tel. 973-648-4876

STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF PHARMACY

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IN THE MATTER OF THE SUSPENSION : Administrative Action  
OR REVOCATION OF THE LICENSE OF :  
:  
**DORIS ALBRECHT, R. Ph.** : CONSENT ORDER  
License No. RI 019394 :  
:  
TO PRACTICE PHARMACY IN THE :  
STATE OF NEW JERSEY :  
:

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This matter was opened to the New Jersey State Board of Pharmacy upon the receipt of information that Ms. Albrecht, while working as a pharmacist at the VA Hospital in Philadelphia, was arrested on January 20, 2006 for the procurement and usage of ethyl chloride in an inappropriate manner. Specifically, Ms. Albrecht was inhaling the substance as a treatment for migraine headaches. Respondent entered a guilty plea in Philadelphia Municipal Court to the charges on January 23, 2006 and served a six month period of probation.

Thereafter, respondent voluntarily refrained from practicing pharmacy pending notification of the Board of Pharmacy

and it's final determination as to appropriate action in this matter.

Respondent appeared before the Board on July 26, 2006 and testified under oath, Justin F. Johnson, Esq. appearing on her behalf. Presently, respondent is actively working at her recovery and has remained alcohol and drug free since she began her participation in the S.A.R.P.H. program commencing on February 6, 2006 which shall continue for a three year period.

The Board, having heard the testimony of Doris Albrecht, and having considered that she self-reported and that she has voluntarily refrained from the practice of pharmacy in New Jersey for a period of eight months and until further order of the Board, and finally, that she continues to comply with all treatment requirements of her recovery program, and for other good cause shown;

**IT IS THEREFORE** on this *25<sup>th</sup>* day of *OCTOBER*, 2006,

**ORDERED AND AGREED** that:

1. The license of Doris Albrecht, R. Ph. To practice pharmacy in the State of New Jersey is placed on probation until February 6, 2009, subject to compliance with the contract with S.A.R.P.H. attached herein and made a part of this Order.

2. Respondent shall provide any and all releases to any and all parties who are participating in the monitoring, treatment or other program as outlined in this Order, as may be required in

order that all reports, records, and other pertinent information may be provided to, and utilized by the Board in a timely manner.

3. Respondent shall be subject to an Order of automatic suspension of her license upon the Board's receipt of any information which the Board, in its sole discretion, deems reliable demonstrating that respondent has failed to comply with any of the conditions set forth in this Consent Order, including but not limited to report of a confirmed positive urine or a prima facie showing of a relapse or recurrence of alcohol or drug abuse.

4. Respondent shall have a right to apply for removal of the automatic suspension on ten (10) days notice to the Board and to the Attorney General. The board may hold a hearing on that application before the full Board or before a committee of the board. In the event a committee hears the application, its action shall be subject to ratification of the full Board at its next scheduled meeting. In a hearing seeking removal of the automatic suspension, any confirmed positive urine shall be presumed valid.

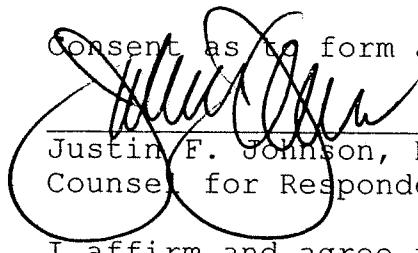
NEW JERSEY STATE BOARD OF PHARMACY

By: Edward G. McGinley  
Edward G. McGinley, R.Ph.  
President

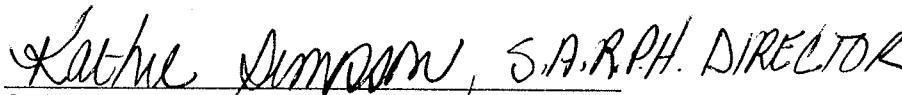
I have read the within Order and understand it. I agree to be bound by its terms and hereby consent to it being entered by the New Jersey Board of Pharmacy.

Doris Albrecht  
Doris Albrecht, R.Ph.

Consent as to form and entry of the Order.

  
\_\_\_\_\_  
Justin F. Johnson, Esq.  
Counsel for Respondent

I affirm and agree to ensure on behalf of S.A.R.P.H., to report any information that indicates relapse or recurrence of substance abuse and/or non-compliance with S.A.R.P.H. requirements.

  
\_\_\_\_\_  
Katie Simpson, S.A.R.P.H. DIRECTOR  
S.A.R.P.H. Representative.

PARTICIPATION REQUEST FORM		PARTICIPATION IN THE S.A.R.P.H. PROGRAM	
THE ABOVE, I, <u>Doris A. Libecchi</u> , VOLUNTARILY REQUEST		HAVING READ THE TERMS AND CONDITIONS OF PARTICIPATION, AND REVIEWED	
If you choose <u>NOT</u> to participate in the S.A.R.P.H. program, please so indicate by your signature below, and append a brief statement outlining your reason(s) for so choosing.		THE ABOVE, I, VOLUNTARILY DECLINE	
<input checked="" type="checkbox"/> <u>SUSAN DOUBLE</u> <input checked="" type="checkbox"/> <u>Notary Public</u> <input checked="" type="checkbox"/> <u>Statutory Notary</u> <input checked="" type="checkbox"/> <u>Notary Seal Here</u> <input checked="" type="checkbox"/> <u>My Committal Expiry March 25, 2009</u>		<u>Social Security Number</u> <u>193-56-0243</u> <u>Date</u> <u>2/11/2006</u> <u>Social Security Number</u> <u>193-56-0243</u> <u>Date</u> <u>2/11/2006</u> <u>Social Security Number</u> <u>193-56-0243</u> <u>Date</u> <u>2/11/2006</u> <u>Social Security Number</u> <u>193-56-0243</u> <u>Date</u> <u>2/11/2006</u>	
<p>Please review the following requirements of the S.A.R.P.H. program carefully before signing and returning this form:</p> <ol style="list-style-type: none"> <li>The licensee will, at his/her own expense, participate in a S.A.R.P.H. approved assessment and/or treatment.</li> <li>The licensee will, at his/her own expense, participate in any aftercare plan developed with the primary treatment provider, and agree to be monitored by S.A.R.P.H. for a period determined by the primary treatment provider, or the Board's Agreement will result in the initiation of the disciplinary action against the licensee's license to practice provided for in the S.A.R.P.H. contract or the Board's Consent Agreement and Order.</li> <li>Failure to comply with the terms of the S.A.R.P.H. agreement/contract or a S.A.R.P.H. and the Board of Pharmacy.</li> </ol> <p>Board Agreement will result in the initiation of the disciplinary action against the licensee's license to practice provided for in the S.A.R.P.H. contract or the Board's Consent Agreement and Order.</p>			

PRF

S. A. S. C. L. D. M. A. R. T. N. P. H.



2. Agree to submit urine, saliva, hair or blood serum samples for drug toxicology screens on a random basis as requested by S.A.R.P.H. and/or The PHMP. Copies of the

1. Follow and make such appointments as deemed necessary by my physician and/or treatment provider and S.A.R.P.H. and to maintain those appointments and therapy sessions. This treatment MUST include at least a six-month period of group or individual therapy (preferably group). This therapy is to start immediately.

I SHALL:

V) Doris Ann Albrecht, R.Ph., agree to give at least three (3) weeks notice of my resignation to my present employer if I should decide to seek employment elsewhere. If, for any reason, I should decide to terminate my position with any employer and seek a position as a registered pharmacist, this contract shall be made known with such employer until the stated expiration date of this contract. An ADDENDUM to this contract stating such employment must be signed and the proper consent for release of information forms (CRITA/EMP and CRIB/EMP) must be properly filled out and returned to the S.A.R.P.H. office before you may start the aforesaid employment as a pharmacist. If the employee is a temporary staffing agency, a duly responsible party must be placed MUST be notified of my involvement in the S.A.R.P.H. program and my being under a monitoring contract employed by the company where the temporary pharmacist is placed MUST be notified of my involvement in the S.A.R.P.H. program and my being under a monitoring contract.

IV) Doris Ann Albrecht, R.Ph., fail to abide by the terms and conditions of this treatment plan, I understand that I will be in violation of my contract. Whereupon Robert Rossi, R.Ph., representing S.A.R.P.H. and/or his designee and all the other signatories named in this contract will contact the complaint officer for the Pennsylvania State Board of Pharmacy. They will request a full investigation of my professional practice and make such recommendations including suspension of my pharmacist license until such investigation is complete.

III) This contract is written to prevent any misunderstanding on my part concerning the terms and times specified under said contract and what is expected of me.

II) This is a document, which specifies the terms of my monitoring/treatment plan that I, Doris Ann Albrecht, R.Ph., agree to and understand to follow as part of my rehabilitation program. This contract is effective February 6, 2006. It will expire three years and one day, or on such date as specified in the Board of Pharmacy's Consent Agreement & Order - whichever is later, at 12:01 AM local time.

I) This treatment/monitoring contract #2006-560 is made and entered into on February 6, 2006 between myself, Doris Ann Albrecht, R.Ph.; Dr. Nancy Dear, MD, my physician, Dr. Huth, CAC, my therapist, Dr. Michael Cohen, MD, my Neurologist, and Robert W. Rossi, R.Ph., President representing S.A.R.P.H.

## S.A.R.P.H. MONITORING/TREATMENT CONTRACT

- RESULTS OF THESE SCREENINGS** are to be forwarded to S.A.R.P.H. or The P.H.M.P., **DIRECTLY FROM** the designated laboratory for review. This protocol may be altered for the duration of my stay at a supervised interim facility such as a halfway house.
3. Consent to all signatures named in this contract as well as their designees and all persons S.A.R.P.H. deems necessary as well as the Pennsylvania State Board of Pharmacy (if requested and/or applicable) to receive copies of the laboratory results and to discuss with each other any issue here written.
4. Agree to completely abstain from any and all drugs, including alcohol and "over-the-counter medications" except, when a written prescription from my physician is obtained. A copy of said prescription must be forwarded to S.A.R.P.H. within 2 weeks.
5. Agree to regular attendance at Alcoholic Anonymous/Narcotic Anonymous meetings and to have the attendance of these meetings documented. I also agree to make at least one meeting a day for the first ninety (90) days after signing this contract ("90 in 90"). I also agree to complete my attendance sheets and return them to S.A.R.P.H. after they feel that I am not in compliance with this agreement.
6. Agree to have Kim H. #56-290-456 as my temporary sponsor for a period of ninety days. If, for any reason, I should decide to acquire a new sponsor, I shall inform S.A.R.P.H. of the new sponsor's name and phone number. I also hereby give my consent to those named herein to contact my sponsor if for any reason they feel that I am not in compliance with this agreement.
7. Agree, if my aftercare counselor or his/her designee stipulates to attend additional therapy sessions, such as group, family, or one-to-one, and further agree that those here mentioned may discuss my progress.
8. Encourage my significant others to attend Al-Anon and/or other support groups which he/she chooses.
9. Agree to send monthly progress reports to S.A.R.P.H. by the tenth day of each month. If this report will be late, the S.A.R.P.H. office must be notified by telephone by the tenth of that month with regard to the lateness of that month's report.
10. Agree to call my District Monitor at least once a month and to keep him/her abreast of my progress and to inform him/her of any new situations that arise that may be pertinent to any of the stipulations of this agreement. (Robert Rossi 484-802-0951)
11. Agree upon employment as a registered pharmacist to carry out my professional responsibilities according to the current Pharmacy Act of the Commonwealth of Pennsylvania.
12. Agree to assume any and all financial responsibilities incurred in the execution of any of the stipulations of this agreement, including, but not limited to urine/serum monitoring and submission of reports thereon to S.A.R.P.H. and the district monitor after the initial protocol arrangement. I also agree to pay an administrative fee of \$600.00 annually payable to S.A.R.P.H. upon execution of this contract and \$600.00 quarterly payable to S.A.R.P.H. if anything is unclear or if there is a discrepancy in any of the above arrangements.
13. It is the **CLIENT'S RESPONSIBILITY** to contact S.A.R.P.H. if anything is

12/01/1962	193-56-0243	SOBRIETY DATE / SOCIAL SECURITY NUMBER
7/1/2006		PHARMACIST LICENSE NUMBER RP-038085-R NJ R1019394
TELEPHONE NUMBERS (856) 228-7310 Cell ( )		

Doris Ann Albrecht, R.Ph.  
807 Valley Road  
Deptford, NJ 08096  
IN WITNESS WHEREOF I, Doris Ann Albrecht, R.Ph.,  
State of New Jersey  
Notary Public Signature Notary Public  
SUSAN DOOLEY  
set my hand and official seal

PROHIBITION OF REDISCLOSURE: This information is being  
DISCLOSED to you from records whose confidentiality is  
protected by federal law. Federal Regulations (42 CFR Part 2)  
prohibit you from making any further disclosure of this information  
except with the specific written consent of the person to whom it  
pertains.

Law 92-255  
Provision Section 408 of Public Law 92-282/Sec. 333 of Public  
Law 92-255  
This information is released subject to the "CONFIDENTIAL"

14. Agree to notify S.A.R.P.H. IN WRITING of any change in permit  
information contained in this agreement (in address, telephone number, AA/NA sponsor,  
laboratory, employer, therapist, physician, etc.), within 14 days of any change(s).
15. Agree to meet in person with a representative of S.A.R.P.H. and/or such persons,  
as S.A.R.P.H. shall designate, every three months if deemed necessary.
16. Agree that at no time during the term of this agreement may I voluntarily withdraw  
from this agreement without the implementation of paragraph IV of this contract or  
without the SPECIFIC WRITTEN authorization from S.A.R.P.H.
17. Agree that my signature on this agreement signifies that I have read all the  
stipulations of the agreement and I am fully cognizant of all the responsibilities associated  
with it.
18. Agree to disclose the names of ALL states where I possess a pharmacist license,  
including those states where I have begun obtaining a license, via reciprocity or original  
license. PLEASE LIST: PENNSYLVANIA RP-038085-R & NJ R1019394

S.A.R.P.H. # 2006-560

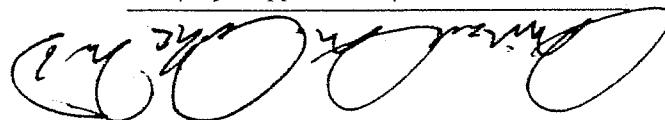
OVER THIS SPACE  
OFFICIAL SEAL

610-664-3888  
Balacynwyd, PA 19004

South 620 City Line + Belmont Aves

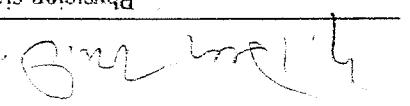
Headache Center/GSB Building  
Dr. Michael Cohen, MD

Signature: Neurologist



484-802-0951  
Norwood, PA 19074-1312  
285 School Lane  
President, S.A.R.P.H.  
Mr. Robert Rossi, R.Ph.

R.P.H. 

215-638-5200 X186  
Bensalem, PA 19020  
4833 Bulumwillie Road  
Liventgrin Foundation  
Family Practice of Mollica Hill  
Dr. Nancy Dear, MD  
Physician signature  


Dina Huth, E.A., M.S  
Therapist Signature

